



New Jersey Department of Environmental Protection
Site Remediation Program

LSRP NOTIFICATION OF RETENTION OR DISMISSAL

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name:
List all AKAs:
Street Address:
Municipality: (Township, Borough or City)
County: Zip Code:
Program Interest (PI) Number(s): Case Tracking Number(s):

SECTION B. RETENTION INFORMATION

I was retained by to serve as the licensed site remediation professional for the remediation at the site on.
I replaced another LSRP: Yes No
Provide name of replaced/released LSRP:

SECTION C. RELEASE INFORMATION

I was released by from service as the licensed site remediation professional for remediation at the site on.
Note: The release notification is only required if it occurs prior to the issuance of the response action outcome for the site by the LSRP.

SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number:
First Name: Last Name:
Phone Number: Ext: Fax:
Mailing Address:
City/Town: State: Zip Code:
Email Address:

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-16d and N.J.S.A. 58:10B-1.3b(2).
I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: Date:
LSRP Name/Title: No Changes Since Last Submittal
Company Name:

SECTION E. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

1. I am a prospective purchaser of the subject site Yes No

2. I am hiring a LSRP to address an unregulated heating oil tank(s) only Yes No

3. I maintain I have a defense to spill act liability pursuant to N.J.S.A. 58:10-23.11gd because I am a (select one):
 Government Entity Lender
 Innocent Purchaser Developer

4. I am hiring a LSRP to meet licensing requirements for a child care center on this site Yes No
If "Yes," indicate if you are the property owner or tenant.

5. I am taking over remediation from the Department or another party Yes No
If "Yes," indicate name of party that was previously conducting remediation:

If "Yes," the party who I am taking over from agrees that I will conduct the remediation. Yes No

6. Total number of contaminated AOC(s) on site known at this time: _____

7. I have hired a LSRP to address:
 the entire site based upon a PA/SI (completed or yet to be completed);
or
 Specific known contaminated AOC(s).
Total number of contaminated AOC(s) that this LSRP is addressing: _____
Total number of contaminated AOC(s) associated with the site: _____
 Regulated Tank Closure

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and that to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____

SECTION F. "OPT IN" REQUEST

Is a Case Manager assigned? Yes No

If "Yes," provide name: _____

In accordance with N.J.A.C. 7:26C-2.3(b), I hereby request that the Department allow the remediation at the site identified in Section A, above, to be conducted in accordance with N.J.A.C. 7:26C-2.4. I certify that I have paid all invoiced uncontested oversight costs and applicable fees and that, if applicable, my remediation funding source has been established and maintained in an amount that reflects the estimated cost of remediation and that all applicable surcharges have been paid. I further certify that I agree to pay oversight costs incurred by the Department but not yet invoiced and, if applicable, to maintain my remediation funding source in an amount that equals the estimated cost of the remediation and to pay any required surcharge.

I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

I understand that my submittal of this certification provides an automatic approval of this request, provided that I am eligible for approval and that the Department finds the certification to be truthful and accurate.

Signature: _____ Date: _____

Typed/Printed Name: _____

Title: _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420